

**STATE OF MAINE**  
**COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**  
135 State House Station, Augusta, Maine 04333-0135  
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Electronic Filing: www.maine campaignfinance.com

**POLITICAL ACTION COMMITTEE  
CAMPAIGN FINANCE REPORT 2006**

<i>Political Action Committee Name</i>		<i>Acronym</i>
<i>Street Address (official headquarters of PAC)</i>		
<i>City, State Zip Code</i>		<i>Telephone Number</i>
<i>Treasurer Name</i>		
<i>Mailing Address</i>		<i>City, State, Zip Code</i>
<i>Telephone Number</i>	<i>Fax Number</i>	
<i>E-mail Address</i>		

If any contact information has changed since the previous report, check here ( )

**TYPE OF REPORT AND FILING PERIOD (please check):**

**Type of Report:**

- ( ) January Quarterly  
( ) April Quarterly  
( ) 6-Day Pre-Primary  
( ) 42-Day Post-Primary  
( ) October Quarterly  
( ) 6-Day Pre-General  
( ) 42-Day Post-General  
( ) January Quarterly

**Due Date:**

January 17, 2006  
April 10, 2006  
June 7, 2006  
July 25, 2006  
October 10, 2006  
November 1, 2006  
December 19, 2006  
January 16, 2007

**Reporting Period:**

October 1, 2005 – January 5, 2006  
January 6, 2006 – March 31, 2006  
April 1, 2006 – June 1, 2006  
June 2, 2006 – July 18, 2006  
July 19, 2006 – September 30, 2006  
October 1, 2006 – October 26, 2006  
October 27, 2006 – December 12, 2006  
December 13, 2006 – January 5, 2007

( ) **Other (specify):** \_\_\_\_\_

( ) **Amendment to:** \_\_\_\_\_

( ) **No Change Report:** If your committee received no contributions and made no expenditures during this period, provide the current cash balance: \$\_\_\_\_\_, and sign below.

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I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
**TREASURER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Name of PAC

**PURPOSE OF COMMITTEE**  
(Complete each category that applies for this reporting period)

Name/mailling address of candidate(s) supported	Party Affiliation	Office sought	Date/type of Election

Name/mailling address of candidate(s) opposed	Party Affiliation	Office Sought	Date/type of Election

PAC, Political Committee or Party Committee Supported	Address of committee

Support/Oppose	Referendum or Initiated Petition

## SCHEDULE A

## CASH CONTRIBUTIONS TO PAC

List the names and mailing addresses of contributors who have given more than \$50 during this reporting period. For all aggregate contributions of \$50 or less, enter the combined total in line 3. Do not include in-kind contributions or loans on this schedule.

[illegible]

## SCHEDULE B

**CONTRIBUTIONS AND EXPENDITURES  
TO OR ON BEHALF OF CANDIDATES, COMMITTEES & PARTIES**

**List the payee's name with the specific amount benefiting each candidate.**

**Do not include in-kind or operational expenditures on this schedule.**

Expenditure Types Requiring NO Remark		Expenditure Types REQUIRING Remark	
CON	contribution	CNS	campaign consultants
EQP	equipment	OTH	other
FND	fundraising events	PRO	professional services
FOD	food for campaign events, volunteers		
LIT	campaign literature (printing and graphics)		
MHS	mail house (all services purchased)		
OFF	office rent and utilities		
POL	polling and survey research		
PHO	phone banks, automated telephone calls		
POS	Postage for U.S. Mail		
PRT	print media ads		
RAD	radio ads, production costs		
TRV	travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	Internet and e-mail		

**For every expenditure, list the appropriate code.**

If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.

Date of payment	Payee name	Candidate, Committee, or Party Supported		Amount contributed to or spent on behalf of each candidate, committee, or party
	Payee's complete mailing address	Code	Remarks	
<div> <div>1. Total contributions to candidates this page only</div> <div>2. Total from attached Schedule B pages</div> <div>3. Total contributions this reporting period (Lines 1 + 2)</div> </div>				

## SCHEDULE B-1

## OPERATING EXPENSES

**Do not include loan repayments on this schedule.**

Expenditure Types Requiring <b>NO</b> Remark		Expenditure Types <b>REQUIRING</b> Remark	
CON	contribution	CNS	campaign consultants
EQP	equipment	OTH	other
FND	fundraising events	PRO	professional services
FOD	food for campaign events, volunteers		
LIT	campaign literature (printing and graphics)		
MHS	mail house (all services purchased)		
OFF	office rent and utilities		
POL	polling and survey research		
PHO	phone banks, automated telephone calls		
POS	Postage for U.S. Mail		
PRT	print media ads		
RAD	radio ads, production costs		
SAL	campaign workers' salaries		
TRV	travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	Internet and e-mail		

**For every expenditure, list the appropriate code.**

If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.

Date of payment	Payee/organization name, address, zip code	Code	Remarks, Purpose of Expenditure	Amount
<b>1. Total operating expenses this page</b>  <b>2. Total from attached Schedule B-1 pages</b>  <b>3. Total operating expenses this reporting period (Add lines 1 &amp; 2)</b>				

\_\_\_\_\_  
Name of PAC

## SCHEDULE C

### IN-KIND CONTRIBUTIONS/EXPENDITURES

#### In-Kind CONTRIBUTIONS

With respect to all items and services received and expended, enter the date received, a description of the item or service, and the fair market value. Enter contributor information if the fair market value of donated item or service is more than \$50.

Date Received	Contributors name , address, zip code	Description of goods, services, discounts or facilities received/expended	Fair market value

#### In-Kind EXPENDITURES

If the items shown above were, in turn, contributed to candidates or committees, list to whom the items were donated and their description.

Date of payment	Recipient's name, address, zip code	Description of goods, services, discounts or facilities contributed	Fair market value

## SCHEDULE D

### LOANS/LOAN REPAYMENTS

List loans and loan repayments from all sources.

		COLUMN 1	COLUMN 2	COLUMN 3		COLUMN 4
Date of loan/ loan repayment	Identity of lender	Loan balance from previous period	Amount loaned this period	Amount repaid/ forgiven this period		Unpaid loans Columns 1 + 2 - 3
					R / F	
					R / F	
					R / F	

## SCHEDULE E

### TOTAL UNPAID OBLIGATIONS (OTHER THAN LOANS)

List all goods or services that have not been invoiced and all existing unpaid bills.

Date obligation Incurred	Creditor's name, address, zip code	Purpose	Amount

**SCHEDULE F**  
**SUMMARY SECTION**

**RECEIPTS**

**THIS PERIOD ONLY**

1. Contributions Received (Schedule A, Line 4)
2. Other Receipts (interest income, etc.)
3. Loans Received (Schedule D)
4. **TOTAL RECEIPTS THIS PERIOD** (Lines 1 + 2 + 3)


**EXPENDITURES**

**THIS PERIOD ONLY**

5. Contributions to or on behalf of others (Schedule B, Line 3)
6. Operating Expenses (Schedule B-1, Line 3)
7. Loan Repayments Made (Schedule D)
8. **TOTAL EXPENDITURES THIS PERIOD** (Lines 5 + 6 + 7)


**CASH BALANCE**

9. Account balance from last reporting period (Line 12 of previous report)
10. *Plus* total receipts this period (Line 4 above)
11. *Less* total expenditures this period (Line 8 above)


12. **TOTAL funds on hand at close of reporting period**  
*(This should equal your bank account balance(s) plus your petty cash balance)*

**IN-KIND SUMMARY**

**Fair Market Value Totals**

- Total In-Kind Contributions this period (Schedule C)
- Total In-Kind Expenditures this period (Schedule C)
